SURMIT: COMPLETED APPLICATION STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) 1 2 2014 (ENTERED

Date: Permit #: Amount Paid: 31,00 9-12-14

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN (SSUED TO APPLICANT.

Bayileld Co. Zoning Dept HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldco Refund: nty.org/zoning/asp)

				- Municipal Use				☐ Commercial Use			/	Residential Use	.			Proposed Use	Proposed Construction:	Existing Structure: (If permit being applied for is relevant to it)		77			35 20 00 00 00	l'uni	(2000) N	Value at Time of Completion * include donated time & material	A won-shoreland	W No. Show how	X snoreiano	EX.		Section 2	SW 1/4, NE	PROJECT LE	Hatiolized Bear, helson	Cleary Building Corp	Contractor:	SATO FREE	Address of Property:	Owner's Name:	TYPE OF PERMIT REQUESTED →
-				×										_		•)n: -/	permit being		Property	Run a Business on	Relocate (existing bldg)	Conversion	Addition / Alteration	New Construction	Project (What are you applying for)			Is Property/	Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?		, Township	1/4	Legal Description:	o de la constante de la consta	James C	11 11 11	下でなると	& Cyntinua	<i>3</i>	ESTED
Other: levr	Conditiona	Special Us	Accessory	Accessory Building	Addition/	Mobile Ho	Bunkhous	***************************************						Residence	Principal S			applied for	- The second sec		ess on	sting bldg)	ici andi	toration	uction	plying for)			Land within	Land within ward side of		м ДС	Gov't Lot		ממו מו	6		d.	Mark.		X LAND USE
lain)	Conditional Use: (explain)	Special Use: (explain)	Accessory Building Addition/Alteration		Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)			is relevant to it)		☐ Foundation	✗ No Basement			1-Story + I of	X 1-Story	# of Stories and/or basement			☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If vescontinue	is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Peek or Landward side of Floodplain? If yes—continue —		N, Range	ot Lot(s)	(Use Tax Statement)			\downarrow		March		USE SANITARY
			ion/Altera	(specify)	cify)	ed date) _	or 🗆 slee	d Garage	웃		ch.			ting shack	structure	Prop	Ler	Ler			nt			≨đ i		ent			2, Pond or Flowage	Stream (Incl. Intermi		8	CSM	PIN: (23 digits) 04- 008-2	o	715-351	Contractor Phone:	NORS!	City/State/Zip:	Mailing Address:	TARY _
			ation (specify)	Ople Shed	***************************************		eping quarters,	A superior de la companya de la comp				A TANA MARIANTANA MARI	-	c, etc.)	on property)	Proposed Structure	Length: 45	1 :					100	Vear Round	Seasonal	Use			Flowage	ncl. Intermittent)	152	Town of:	Vol & Page	. (7-2510		Unshound:	Zip:		□ PRIVY □
				-			or 🗆 cooking &									e					X None				_ 1	# of bedrooms			Distance Stru	Distance Structure	SYVIEW	,	Lot(s) No.	49-04-21-10	9	ant Mailing Ad	Plumber:		- 1	7	CONDITIONAL USE
	W-100-1		SAMMENT TO THE PROPERTY OF THE				☐ cooking & food prep facilities)		- The second								Width: 30'	s	X None		☐ Portable (w/service contract)	☐ Privy (Pit) or	•	☐ (New) Sanitary	☐ Municipal/City	Sewe Is a			Distance Structure is from Shoreline:	cture is from Shoreline:		***********	Block(s) No.	03-000-4000	e e e e e e e e e e e e e e e e e e e	Agent Mailing Address (include City/State /7in):	The state of the s	であり、	, , , , , ,	City/State/Zip:	LUSE 🗆 SPECIAL USE
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×	×	×	×	0, X 42	×	×	×	×	×	×	×	×	×	×	×	າimensions	He	He			ntract)	ulted (mir	cify Type:	ify Type:		What Type of Sewer/Sanitary System Is on the property?			ЖĺП	Is Prop Floodpla			on:	Document	4 —				6		□ в.о.д.
_)	ł	_	5′))	_	-	<u> </u>	.))))		_	ns .	Height: //					☐ Vaulted (min 200 gallon)	X DOL		10000000000000000000000000000000000000	a			ĭ ∪ Yes No	Is Property in Floodplain Zone?	Ŏ,			t: (i.e. Prop Page(Attached U Yes U No	7/2	Plumber Phone:	215:	Cell Phone:	Telephone:	
			Latingative	1350											•	Square Footage	14.4 ENEMT.			Taraba managan		n) None	4	X Well	□ City	Water			_ □ Yes	Are Wetlands Present?	/3	1 16 t		PC 0-4(00)00 Recorded Document: (i.e. Property Ownership) Volume 357 Page(s) 270	No	Without Authorization	Phone:	2020-216	e	Telephone: フバースカス・ベファル	OTHER

Owner(s): Umatha I Wasser Cynthia IIII Male (If there are Multiple Owners Rited on the Deed All Owners must sign or letter(s) of authorization must accompany this application) FAILURE TO OBTAIN A PERMIT Or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Date

Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Timothy J Warren

33700 Frostman Rd

Date

Attach

Washburn, WI 574891 Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Please complete (1) -- (7) above (prior to continuing)

8 Setbacks: (measured to the closest point) 300 を持る 5 250 Changes in plans must be approved by the Planning & Zoning Dept.

North

		Feet	Setback to Privy (Portable, Composting)
,		4/)0 Feet	Setback to Drain Field
200 Feet	Setback to Well	400Feet	Setback to Septic Tank or Holding Tank
Feet	Elevation of Floodplain	55/)Feet	Setback from the East Lot Line
Feet	Setback from 20% Slope Area	Ψ00 Feet	Setback from the West Lot Line
Feet	Setback from Wetland	30 Feet	Setback from the South Lot Line
		270 Feet	Setback from the North Lot Line
Feet	Setback from the Bank or Bluff		
//O/O Feet	Setback from the River, Stream, Creek	30 Feet	Setback from the Established Right-of-Way
Feet	Setback from the Lake (ordinary high-water mark)	6. 3 Feet	Setback from the Centerline of Platted Road
Measurement	Description	Measurement	Description

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line fro other previously surveyed corner or marked by a licensed surveyor at the owner's expense. which the setback must be measured must be visible from one previously surveyed corner to the

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	baintal y Ivanibel.	# or bear ouris:	sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 147345 P	Permit Date: <i>9-18-14</i>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Lot(s)) □ No Mitigation Required No Mitigation Attached	□Yes □No □Yes □No	Affidavit Required ☐ Yes ☐ No Affidavit Attached ☐ Yes ☐ No
Granted by Variance (B.O.A.)	Previously Grante ☐ Yes ☐ No	Previously Granted by Variance (B.O.A.) Case #:	# 12
Was Parcel Legally Created ♥ Yes □ No	Were Property	Were Property Lines Represented by Owner X	ON EX SA □
Inspection. Record: PROPERATION DIVINES PROPERATION DIVINES INSPECTION TO PERFORM LAKES CLASSIFICATION OF THE PROPERATION OF THE PROPERTY OF T	indsul Jak tweezal	won to proce	ion (
Date of Inspection: 9–18–14 In	Inspected by: J. CROWEJES WULLDHZ		Date of Re-Inspection:
Condition(s). Town, Committee or Board Conditions Attached? \Box Yes \Box No \neg (If \underline{N} 0 they need to be attached.)	d? \Box Yes \Box No $-$ (If No they need to be a	ittached.) ()	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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Signature of inspector:		\$ 6 m	Date of Approval:
Hold For Sanitary: Hold For TBA:	Hold For Affidavit:	Hold For Fees:	

SUBMIT: COMPLETED APPLICATION, STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) Con und 200000

A seriose 0

Permit #: Date: Amount

Paid: 25,4 46094

Refund:

Zoning Dept.

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Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep fa Mobile Home (manufactured date) Addition/Alteration (specify) Addition/Alteration (specify) Accessory Building (specify) Alteration (specify) Special Use: (explain)	Bunkhouse w/ (sanitary, or sleeping quarters, or sleeping qu	Bunkhouse w/ (santary, or sleeping quarters, or	□ Mobile Home (manufactured date) □ Addition/Alteration (specify)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	Distriction	Commercial Use with Attached Garage	with (2 nd) Deck	with a Deck	M Residential Use with a Porch			Proposed Use ✓ Proposed Structure	Existing Structure: (if permit being applied for is relevant to it) Length: Width: Proposed Construction: Length: SO / Width:	100000000	© Foundation	siness on 🗆 No Basement 🚨 None 🗇	□ Relocate (existing bidg) □ Basement □ □	teration 1-Story + Loft Year Round 2	If New Construction	Value at Time of Completion # of Stories * include * and/or basement * material # of Stories bedrooms	When shoretane	r Flowage	rttent)	Section 29, Township 49 N, Range 04 W Town of:		LOCATION LEGAL Description: (Use Tax Statement) 04- Thy Jb 5 6986 4 699	Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include	Contractor Phone:	Address of Property: Washington Ave City/State/Zip: Washburn, W/ 5	Owner's Name: Mailing Address: Mashbur PO Box 686 Washbur	SUED TO APPLICANT. SANITARY PRIVY CONDITIONAL USE	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.
		ition (specify)	coop		□ cooking & food prep facilities)						; etc.)	osed Structure	30 / Width: 2		☐ Compost Toilet	None Portable (v	u	2 2	☐ 1 ☐ Municipal/City	of bedrooms		Distance Structure is from Shorelin	Distance Structure is from Shorelin	MOTER	Sigs 3 gg	JbS 6986 46997	Agent Mailing Address (include City/St	one:	, wangy	x 686	IVY CONDITION	eld Co. Zoning Dept.
×)	X	×	(30×20) 600	×××	×	(x)	×	× >	×	(X)	×	Dimensions Square Footage	Height: 15				☐ Privy (Pit) or □ Vaulted (min 200 gailon)	_		What Type of Sewer/Sanitary System Is on the property?	S. J. S.	# F	Is Property in A	Size Acreage 3,09	THA BIGELOW JUSTE	e. Prop	Zip): Written Authorization Attached See See No	Plumber Phone:	414-303-426	54891 715	□ B.O.∌	

e are Multiple Owner li (If you are signing on behalf of the listed on the Deed All Owners owner(s) a sign letter of authorization must accompany this application) 2 letter(s) of authorization must accompany this application) Date Date 16-14

Owner(s):

(If there

Authorized Agent:

Address to send permit

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Hold For Sanitary:	Issuance Information (Information (Informati	Please complete (1) — (8) Setback Setback from the Centerli Setback from the South Lo Setback from the West Lo Setback from the West Lo Setback from the East Lot Setback to Drain Field Setback to Privy (Portable Prior to the placement or construction one previously surveyed corner to the marked by a licensed surveyor at the marked by a licensed surveyor at the marked by a licensed surveyor at the	(1) (2) (3) (6) (7)
ictor:	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has For The Construction of New One & Two Family Owelling: All Municipalities Are Required To Enforce The Unit The local Town, Village, City, State or Federal agencies may also require permits. Permit Benied (Date):	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point) Description Description Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the Established Right-of-Way Setback from the Established Right-of-Way Setback from the South Lot Line Setback from the Mest Lot Line Setback from the Established Right-of-Way Setback from Wetland Setback from the Established Right-of-Way Setback to Well Setback to Privy (Portable, Composting) WAFeet Setback to Well Setback to Privy (Portable, Composting) WAFeet Setback to Well Setback to Privy (Portable, Composting) WAFeet Setback to Well Setback to Privy (Portable, Composting) WAFeet Setback to Well Setback to Privy (Portable, Composting) WAFeet Setback from the Establish of Floodplain Setback to Privy (Portable, Composting) WAFeet Setback from the Lake (ordinary high-was setback to Well and All and	Show Location of: Proposed Construction Proposed Construction Proposed Construction Proposed Construction North (N) on Plot Plan Show Location of (*): (*) Driveway and (*) Frontage Road (Name Front Show: Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field Proposed Constructures on your Property Proposed Constructures on your Property Proper
Hold For TBA:	The local presence of New One The local The local The local The local Presence of New One One of New One of New One of New One One of New One of N	e (prior to conti sured to the ch tof-Way Tank Tof-Way	h your Propert f: Propo North (*): (*) Dri All Exi (*) Wa (*) Wa (*) Wa (*) Wa
	Deed of New Construction of New Construction of New Construction of New Construction of New One & Two Family Dwelling: The local Town, Village, City, State Only) Reason for Denial: Reason for Denial: Permit Date: Permit Date: Permit Date: Inspected by Conditions Attached? On-ed for New Constructions	nuing) osest point) Measun Measun A t t t t t t t t t t t t	operty (regardless of w Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Fr All Existing Structures of (*) Well (W); (*) Septic (*) Lake; (*) River; (*) Sio (*) Wetlands; or (*) Sio
Hold For Affidavit:	New Construction, See One (1) Year from the One (1) Year on for Denial: One	Measurements Weasurements Was Feet Was of a part of a pa	roperty (regardless of what you are applying for) Proposed Construction (*) On Plot Plan (*) Driveway and (*) Frontage Road (Name Front All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. Sanitary Number: # of bedrooms: Sanitary Date: Permit Date: Q_/8_/10 Sanitary Number: # of bedrooms: Sanitary Date: Permit Date: Q_/8_/10 Sanitary Number: # of bedrooms: Sanitary Date: Permit Date: Q_/8_/10 Onlow Configurous Lotis Onlow Mitigation Attached Previously Granted by Variance (B.O.A.) Case #: Permit Date: Q_/8_/10 Onlow Previously Granted by Variance (B.O.A.) Case #: Our Onlow Previously Granted by Variance (B.O.A.) Case #:	Changes i De Setback from the Lake Setback from the Bank Setback from the Bank Setback from Wetland 20% Slope Area on pro Elevation of Floodplain Setback to Well Setback to Well Setback from which the setback minimum required setback, the bo	age (F)
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			mk (HT) and/or
Date of Appr	ant begun. form Dwelling Code. Sanitary Date: Sanitary Date: Affidavit Required Affidavit Attached Yes Of Affidavit Attached Yes District (Yes District (ter mark) ter mark) ter mark) ter mark 2	holding tamps
Date of Approval q = 16 -14	The stanformula (HT), Privy (P), and Well (W). The stanformula of the		
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